An Essay on

Angina Membranacea

Respectfully Submitted to the Faculty

of the

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for the Degree of Doctor of Medicine

by

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Croup

This well known disease is one that requires prompt treatment to avert the danger.

The proper remedy, or that which is indicated by the totality of the symptoms, should be given as soon as possible; so that not a moment may be lost in endeavouring to check its progress, for if not early kept in check, it sometimes runs to a fatal termination in 24 hours; although, when death does take place, it generally happens about the third, or 4th day. Some authors think it arises from inherent constitutional taint, from the fact of families having a peculiar tendency to it. We do not think the fact of families having a tendency to it, is sufficient evidence of its arising from, or being owing to, inherent constitutional taint; as we have known families living in one location, among

the younger members of which there was a tendency to be affected by it; when upon removing, the children were exempt from its attacks.
However, we do not intend entering into a discussion, whether it is, or is not constitutional.
We are aware that the disease does exist, and if not treated properly often proves fatal.
Our object therefore, is to prevent its progress; and if possible, banish it from the system.
Croup occurs at all seasons of the year, but is particularly epidemic, in damp, cold weather, and frequently occurs after taking cold, or after neglected or suppressed catarrhs.
The principle exciting cause seems to be exposure to cold and damp: (especially, a current of sharp air acting on a child in a state of perspiration) for this reason, is croup more scarce in summer than in winter, in the south than toward the north.

It often appears with other epidemics, such as measles, Hooping cough and Scarlet fever, with which it is sometimes complicated.

It is a disease which seldom attacks adults; it almost exclusively effects childhood; children newly born are not free from it, but they are far less exposed to it, than those who have passed the time of suckling.

Some authors say it occurs mostly, between weaning and puberty; and particularly about the second year. Others that in general it only attacks children of from three to eight years. In a medical point of view, it is immaterial to us at what period in childhood it occurs, only so far, as there may be more dificulty in ascertaining the symptoms from very young children.

Besides the above mentioned causes that of damp, and cold there are others: namely;

Derangement of the digestive functions, from a too nutritious or heating diet; too much animal food; or stimulents, such as wine, coffee; and also want of cleanliness.

Croup is a disease in which inflamation, or high vascular irritation of the Larynx, or Laryngeo Tracheal mucus membrane, is combined with spasm of the interior muscles of the Larynx; giving rise to peculiar modifications of voice cough and respiration.

There is great advantage in its being visible almost from the moment of its commencement. In examining the ~~pharynx~~ pharynx, traces of the false membrane are soon perceptible; first upon the tonsils, then on the neibouring parts; this false membrane commences, by yellowish, white, sometimes but rarely greyish spots, which extend and assume a cardaceous appearance; at this period of the disease, there is generally a simple

state of fever: attended by repeated shiverings, heat, harshness of the skin, white coated tongue, sadness, and dejection. The strength and apetite of the patient is not sensibly diminnished; he complains of a pain in the throat, but it is not severe. The thirst is moderate deglutition however soon becomes dificult and painful; saliva flows abundantly from the lips. the ganglions of the neck increase in size, and the neck becomes considerably swolen. This state lasts from two, to Six days; when the symptoms begin to amend, by the disapearance of the false membrane; or are suddenly aggravated, by its invasion of the Larynx. when the latter occurs, it presents alarming symptoms. It is generally slow in its development creeping along under the mask of a common catarrh, at times occur-

ing suddenly, with increasing violence and very rapid course. Often hoarseness is noticed several days previously, and a hollow, dry cough, without oppression, or a dificult slow whistling respiration. Occasionaly there is an unexpected depression of spirits, with lassitude, sleeplesness, and a certain remarkable feeling of sickness. (malaise.)

The symptoms of catarrh, which at first appear similtaneously, or alternately with the disease, entirely disappear at a later period.

The out break of the more vident attacks, take place at all hours of the day; but very often the danger becomes greatest about midnight. The symptoms remit at least in the commencement; and with the fever, the child generaly becomes lively, is disposed to play, eats with good apetite, and walks about naturally; still

the respiration and cough have a suspicious whistling, or hissing sound; the colective disease never intermits. In the later period of the disease, and in delicate children, nervous complaints are added, such as convulsions; but more particularly, spasms of the chest.

The fever it is true is always a synocha; but always of considerable continuance, with quick, strong, pulse, much heat, accompanied by thirst, perspiration; and headache; but at times the pulse becomes soft, weak, and irregular; the patient lies in a continuous comatose state, from which he is arroused frequently, by inexpresible anxiety and cough. There is always more or less pain felt about or under the Larynx, particularly when coughing, there is seldom much expectoration, and when any, it has a stringy appearance resembling portions of a membrane

The spot [redacted] (under the larynx) where the pain is during coughing, is clearly pointed out by the child. The cough from the commencement is pretty violent, and most dry: at times some swelling is to be noticed in the region of the larynx. The tone of cough, respiration and voice in general, is various; hoarse, tinkling, loud, groaning, rattling, whistling or hissing: at times when the cough continues it is accutely screeching, fine, high in the sopharano: frequently it is rough, barking, deep, hollow, bass; and as if the air were passing through a metalic tube. The speech is difficult, hasty, and painful; respiration is short, and anxious. In the increase of the disease, suffocation comes on suddenly; the child snaps for air, anxiously seeks help or another position. The face alternates from a red to a livid hue; the paroxysms are

followed by a profuse, and clammy perspiration over the whole body; but more particularly, the head and face.

The application of the stethescope over the region of the larynx, discovers sounds described above; and on the chest signs peculiar to bronchitis

In the stage of colapse; the remissions if any occur) are but slightly perceptible; the dispnoea assumes more and more violence, respiration appears whistling, and is often accompanied with an occasional noisy rattle, which is attributable to mucus or to the moveableness of some small shred of false membrane. The voice is now quite extinct, the cough is no longer hoarse, but whistling. Excessive weakness obliges the patient to confine himself to a reclining posture, while the head is thrown back, the ribs are thrown out, and are frequent and forcibly raised

from time to time, the child contracts its muscles to take a deep inspiration; the fruitlessness of this attempt, is followed by momentary tears, or by a frantic dispair, and an agitation which ceases only with life.

Often in these ~~cases the eyes~~ fatal cases the eyes appear to fill with tears, and to start from their sockets, the conjunctivae are injected, the face is of a palid hue, with the centre of the cheeks, and lips, bluish; the neck becomes tumified, and sometimes emphazymatous toward the lower part, the pulse becomes by degrees weaker, and smaller, almost always irregular; and intermittant; and a gradual chill pervades the whole body, but more espicially the hands feet and face; announcing the fatal termination of this painful scene. Rankness of breath has been observed in fatal cases attended by

considerable adynamia; this is most often owing to a gangrenous state, especialy when this disease is a complication of variola or scarlatina.

In the Treatment of croup, no regular rules can be laid down, which will be specifically applicable in all cases. All we can do is to study, and use the best means in our power, for the relief of the afflicted; in doing which we should learn (as near as possible) the history, and peculiarities of the case, by a systematic mode of questioning (each physician having his own mode of procedure) this is necessary, so that in questioning we will not omit any thing that we would profit by knowing. The questions should be asked in a mild, complacent manner, being careful not to excite the "questioned" more than necessary, the questions should, (if possible) be put indirectly

because, many mothers, owing to their extreme nervousness, or excited mind, and love for the one afflicted; would be unable to give correct answers to all the questions. The information to be obtained or why the questions are asked, is to ascertain if it is complicated, in what stage?, (which also may be learnt by examining the patient.) what is the supposed cause? what has been given (or done) for the patient?, state of the excretions?, what the patient has been eating?, if thirst or not?, when aggravated, and what seems to cause the aggravation. etc. In an acute case, where the symptoms are increasing, in violence and rapidity, the remedy indicated by the condition of the patient, should be given at once; and then, the information desired should be sought for. The physician should notice the temperature of the patient,

and also of the room; of the former, particularly the feet, which should be about the normal temperature of the body; if they are cold, warm applications may be applied; also friction with a rough towel: may be followed by good results. The skin should be examined in order to ascertain if the insensible respiration is obstructed, if so, the patient should be washed with tepid water, and castile soap, washing only a small portion at a time, and drying well: during the cleansing cold air ~~and~~ but espically currents of cold air, should carefully be avoided, the washing should be performed in a room and with water of a temperature of about Seventy degrees Farenheit at which temperature the room should ~~should~~ be kept during the complaint. The patient should if possible be or remain covered while being washed.

The remedy mostly indicated, in the first period of the disease, is Acon. which is indicated, when there is inflammatory fever attended by great febrile heat, thirst, short dry cough, with hurried laborious breathing.

If its administration is not followed by prompt relief, or if it does not seem to act promptly in subduing the fever, resource should be had to other remedies; as it is a waste of precious time to continue it, when no relief is obtained therefrom.

The next remedy which will claim our attention is. Hepar Sulph. this is indicated, by perspiration, or a moist skin; the cough is more loose, but still dry, and hollow; (if acon. has been of any avail) the breathing freer, hoarse voice, and some difficulty in breathing; or when there is the peculiar croupy cough with a constant

mucus rattle in the respiratory organs.
Spongia is indicated, when (like Hepar) the skin has become moist, the breathing somewhat easier, but still laborious, loud, grating, and wheezing; there is occasionaly threatened suffocation, and a hoarse, hollow, ringing or squeaking cough.
Phosphorous has been recommended, when Acon., Hep., or Spong. has given only temporary relief.
As the symptoms in croup (and almost all diseases) vary in different cases, it is therefor difficult to define any correct mode of treatment; as the remedies which would be applicable in one case, might be useless in another; therefore when treating Homœopathically, we should not rely principally upon what has cured a disease, but upon the great therapeutic law "Similia similibus

curantur". The tendency to use, or apply remedies which have cured a similar named complaint, would still keep us groping in the dark, as the "regulars" have been for centuries, and who still, seem to hang on to their conservatism; ignoring the law of Similarity".

When reading of cases, the object should be to study the remedies used, and try to account for the relief (if any) obtained.

If we could have all cases occuring under precisely similar circumstances, the remedy or remidies which would cure one, would cure all; but we have to contend with different temperaments, causes, and many conditions which occasion the treatment of the same disease, to vary.

Some of the remedies which have been recommended in peculiar cases or deviations from

the general course or symptoms of the disease, are Tartarus Emeticus; administered after Phos. in some apparently hopeless cases, with threatening paralysis of the lungs;. Arsenicum, moschus, and Sambucus Nig. when complicated with "asthma millari"; Iodium, in obstinate cases, occuring piarticularly in plethoric indivigduals; it may be administered either alone or in ~~obstinate~~ alternation with acon.

The remedies which may be of use in treating a case of croup, or diseases of the air passages bearing a close analogy thereto, and which are recommended by physicians, are many; but with all these means in our hands, I regret to observe, as it appears to me, we are still in want of a secure, and systematic mode, for the successful treatment of this appalling disorder. The recommended

remedies amount to upwards of forty in number, namely; Acon., Acidum acticum, Anica m., Arsenicum A., Am. caust., Am. muriat., Bell., Bryon., Brom., Carbo. veg., Cham., China, Cina, Cupr. met., Cupr. Sul., Cinnab., Dros., Euphrasia off. Hep. S. C., Hyos, Ipec, kali bichr, and hyd, Lyc., Lach., Mang. acet., Merc. S., Nios., Mos., Nitri ac., Nux. V., Plumb. ac., Phos., Rhus Tox., Samb. S., Spong., Sumbul, Sulph., Stibium., Sabina, Tart. em., and Verat. Alb. How far all these remedies are homœopathic to the pathognomonic symptoms of croup, every one must find out for himself, by applying to our materia medica; as the cases cited by authors are generally extremely vague, and the reasons for their employment of remedies are far from being satisfactory. Dr Teste of Paris rejects all these therapeutics, and employs only

Bryonia and Ipecacuanha alternately, in all forms and degrees of croup; but he does not state what tradition or experience brought him to the adoption of this exclusive combination in preferance to other remedies which seem to be more applicable.

I consider it to be the duty of each and every person; particularly a physician to explain as soon and as far as possible, any new discovery which will benefit man-kind.

J.B.